



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			22					RATE	FEE	1	RATE	FEE
FC	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
тс	TAL CHARGEA	BLE CLAIMS	22 minus 20=		· 21		$[\]$	X\$ 9=		OR	X\$18=	36.
IND	EPENDENT CL	_AIMS	3 minus 3 =		· Ø			X40=		OR	X80=	ф
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	В
* If the difference in column 1 is less than zero, enter "						olumn 2	l	TOTAL		OR	TOTAL	746.
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							<u>)</u>	SMALL E	ENTITY	OTHER THAN SMALL ENTITY		
AMENDMENT A	524/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	10 10 10 10 10 10 10 10 10 10 10 10 10 1	RATE	ADDI- TIONAL FEE
	Total	· 99	Minus	** Ó	/d_	=	1	X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus (*** PENDENT	CLAIM	=	$\ \cdot\ $	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colui	mn 2)	(Column 3)		10011.1 22				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	0 0	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	$\rfloor \rfloor$	X\$ 9=		OR	X\$18=	5
AME	Independent	* NTATION OF MU	Minus	***	CLAINA]=	- 1	X40=		OR	X80=	
	rinoi Phese	NIATION OF MIC	JLIIPLE DEF	EINDEIN	CLAIN		-	+135=		OR	+270=	·
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	· ·	(Colur		(Column 3)	<u>_</u>					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	r OL AINA]=	┧╏	X40=		OR	X80=	
<u> </u>	FIRST PRESE	┧┟	+135=		OR	+270=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR I	TOTAL ADDIT. FEE	
***	If the "Highest Nu The "Highest Nun	mber Previously Pa ber Previously Pai	aid For" IN THI d For" (Total o	S SPACE r Independ	is less tha ent) is the	in 3, enter "3." highest numb			ropriate box			